DOCUMENT RESUME

ED 467 144 EC 309 101

TITLE	Part C of the Individuals with Disabilities Education Act (IDEA) for Infants, Toddlers, and Their Families Annual Performance Report, Year XIV (2000-2001).
INSTITUTION	Colorado State Dept. of Education, Denver.
PUB DATE	2001-00-00
NOTE	21p.; For the 1999-2000 Annual Performance Report, see ED 455 654. Submitted by Early Childhood Connections for Infants, Toddlers, and Families. Approved by the Colorado Interagency Coordinating Council. Attachments to this report are not available from ERIC.
AVAILABLE FROM	For full text: http://www.cde.state.co.us/earlychildhoodconnections/ annual%5Freports.htm.
PUB TYPE	Reports - Descriptive (141)
EDRS PRICE	EDRS Price MF01/PC01 Plus Postage.
DESCRIPTORS	* Disabilities; * Early Intervention; Agency Cooperation; *Compliance (Legal); Credentials; Delivery Systems; Developmental Delays; Disability Identification; Early Identification; Educational Legislation; *Federal Legislation; Individualized Family Service Plans; Personnel; Preschool Education; Professional Development; Program Development; Referral; *State Programs; Statewide Planning
IDENTIFIERS	*Colorado; *Individuals with Disabilities Education Act Part C

ABSTRACT

This annual performance report describes activities of Colorado's statewide system of early intervention services and supports in compliance with Part C of the Individuals with Disabilities Education Act (IDEA) from July 1, 2000, through September 30, 2001. The report discusses: (1) interagency agreements; (2) agencies involved in the provision of services and other support in early intervention; (3) issues related to interagency coordination, such as Individualized Family Service Plan/service coordination, supports and services provided in natural environments, Part C/Community Center Board early intervention training, and local Part C community interagency activities; and (4) innovative service delivery models. Results from an analysis of children referred are reported and indicate that the referrals of children and families to Part C early childhood initiatives come from a variety of places and people. An analysis of disputes in Colorado found that one complaint was filed in 2000-01 and resulted in clarification of the eligibility process. Areas of concern identified through state monitoring are discussed, including child find and transition services. Accomplishments and challenges of the Colorado early childhood program are also addressed, along with ongoing systemic challenges. (CR)

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Part C of the Individuals with Disabilities Education Act (IDEA) for Infants, Toddlers, and Their Families

Year XIV (2000-2001)

Submitted by

cde

Early Childhood Connections for Infants, Toddlers & Families

approved by the
Colorado Interagency Coordinating Council

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ANNUAL PERFORMANCE REPORT

Part C of the Individuals with Disabilities Education Act (IDEA) for Infants, Toddlers, and Their Families

Year XIV (2000-2001)

Colorado State Board of Education
Seated January 09, 2001

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approved by the
Colorado Interagency Coordinating Council

Annual Performance Report for Part C
FY 2000-2001, Year XIV Participation

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OMB 1820-0578
Expires 5/31/01

INTERAGENCY COORDINATING COUNCIL

CERTIFICATION OF ANNUAL REPORT

On behalf of the Interagency Coordinating Council (ICC) of Colorado,

I certify that the ICC X agrees/ ___ disagrees (*) with the information presented in the State's Annual Performance Report for FY 2000. The Council understands that §80.40 of the Education Department General Administrative Regulations (EDGAR), requires that the lead agency prepare an Annual Performance Report containing information about the activities and accomplishments of the fifteen (15)-month grant period, as well as how funds were spent. The Council has reviewed the Report for completeness of its contents and accuracy.

We submit this Report in fulfillment of our obligation under Section 641(e) of the Individuals with Disabilities Education Act (IDEA) to submit an annual report to the Secretary and to the Governor on the status of the State's early intervention program for infants and toddlers with disabilities and their families.

Michelle D. Bodine

Sandy Scott

Signature of ICC Chairperson

1-11-02

1-11-02

Date

(*) The Council may submit additional comments related to the lead agency's Annual Performance Report and append comments to the Report.

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Colorado Part C Statewide System of Early Intervention

ACTIVITIES AND PROGRESS

Colorado continues to meet the challenge of the Individuals with Disabilities Education Act, (IDEA), Part C: the implementation of a statewide, comprehensive, coordinated, multidisciplinary, interagency system of early intervention supports and services for infants and toddlers with disabilities and their families. This annual report represents the activities and progress from July 1, 2000 through September 30, 2001.

INTERAGENCY AGREEMENTS

The Memorandum of Understanding for the implementation of IDEA, Part C in Colorado is among the Departments of Education, Public Health and Environment, Human Services and Health Care Policy and Financing. This agreement articulates the interagency collaboration for providing: a community directed collaborative interagency child identification process; service coordination; family driven IFSP development and implementation; opportunities for families to be included in all levels of policy development; coordinated interagency technical assistance and training to families and service providers; and support to share and exchange information as necessary for federal reporting requirements.

AGENCIES INVOLVED IN THE PROVISION OF SERVICES AND OTHER SUPPORTS IN EARLY INTERVENTION

The Part C system in Colorado is a combination of federal, state, local, public and private agencies and organizations and other individuals. The Colorado Department of Education is the lead agency for the State of Colorado. The State Department of Human Services, Children's Health and Rehabilitation Services, has specifically targeted direct services to infants and toddlers with developmental disabilities and their families. Direct child and family services provided under this program are distributed in relative proportion across the state. The State Department of Public Health and Environment administers the federal Maternal and Child Health Block Grant with a state match of funds, a portion of which is designated for children with disabilities. The Health Department works with local Part C initiatives on a variety of on-going efforts to facilitate utilization of the state Medicaid, CHP+ and EPSDT programs. The Department of Health Care Policy and Financing administers the state Medicaid plan.

ACTIVITIES UNDERTAKEN IN THE STATEWIDE SYSTEM OF EARLY INTERVENTION SERVICES

Statewide Early Childhood Interagency Activities:

The eighteen Consolidated Child Care Pilot communities cover over half of the state's counties. All local early intervention interagencies are supported to be active participants in this effort through the community continuation grant process and on-going technical assistance. The main focus of the pilots is focused technical assistance from personnel representing different state agencies and the potential granting of waivers from any state statute or rule that a community identifies as creating a barrier to comprehensive quality child care services. The program provides the opportunity to directly address issues that might impede local collaborative efforts. Many of the communities also reported broadening their use of consolidated funds to design and implement more comprehensive early childhood care and education services for all children. The pilot process allowed communities to request waivers on timelines which allowed more flexibility for transitioning two-and-one-half year old and three year old children into school district programs. A significant increase in training was reported for early care and education providers across the Pilot communities. Professional development systems have been implemented or strengthened in most Pilot communities.

"Expanding Quality in Infant Toddler Care Through Teaching and Learning" is a statewide training initiative designed to increase the quality and availability of care for all young children in child care settings. "Expanding Quality" is a collaboration between the Colorado Department of Human Services, Division of Child Care and the Colorado Department of Education. In Years 1 and 2, 110 individuals were trained during an 8-day "Training of Trainers". An additional 50 individuals are participating in the Year 3 "Training of Trainers". These individuals are part of local training teams who then return to their local community to replicate the Expanding Quality curriculum. Over the past 2 years, twenty-six community training teams have replicated the 45-hour "Expanding Quality" curriculum locally. Over 670 caregivers have been trained statewide, with many participating in mentoring designed to support their training. In 2001-2002, twenty-six training teams will conduct an additional twenty-nine 45-hour training courses in their local communities, training an estimated 500 individuals.

Statewide Part C Specific Interagency Activities:

The Memorandum of Understanding (MOU) committee (consists of one CICC co-chair and the four signatory agencies) continued to address MOU collaborative initiatives on child identification, service coordination/IFSP development and implementation and supports and services provided in natural environments. MOU committee members were actively involved in the development of the Part C State Improvement Plan, participated in a work group to write the plan and attended the OSEP-sponsored Summer Institute on Continuous Improvement Planning. The group worked on developing an interagency IFSP form and follow-up surveys of all personnel who went through service coordination core training. Members became more actively involved in the process of monitoring Part C early intervention local interagency groups. Additionally, the state's home intervention program for children who are hard of hearing/deaf moved from the Department of Public Health and Environment to the Colorado School for the Deaf and Blind (CSDB), under the Colorado Department of Education. The superintendent for CSDB joined the MOU group as an ex-officio member to ease the transition and integration of this program into the statewide Part C system of early intervention.

The following are results of the work by the MOU committee:

- Member Orientation
  There were several new members of the MOU committee during 2000-2001. Meeting time was spent orienting new members and committee members requested orientation materials to use with other staff at their agencies. This resulted in a plan to develop materials that could easily be disseminated in videotape or CD format that provide an overview to IDEA, Part C and Colorado's implementation design.

- IFSP/Service Coordination
  The members participated in the development and interagency distribution of a state IFSP form. The MOU committee supported the development and distribution of over 300 follow-up surveys to participants in service coordination core training; over 100 were returned for analysis. The information indicated participants' knowledge of the law, IFSP process and quality practices increased significantly. In addition, the survey indicated people have integrated this knowledge into their work with satisfactory

results. The MOU committee will use the results of the survey to advise the lead agency on additional training strategies.

- Supports and Services Provided in Natural Environments
  The group has continued to address the issues inherent in implementing this provision of IDEA. Members of the MOU group have participated in the systems initiatives to provide information and training on delivering supports and services in children's everyday lives and family routines particularly in the service coordination core training. A major topic of discussion continues to be payment for services provided in this family-centered way as well as other systems barriers at the local level (e.g., lack of qualified staff in rural communities).

- Part C/Community Center Board/Child Find Early Intervention Training
  The coordinators for local Part C initiatives, Child Find coordinators, and early intervention directors from the Community Center Boards joined early interventionists from around the state for a statewide Early Childhood Fall Institute. The focus was on child identification, service coordination and supports and services in natural environments. Drs. Mary Beth Bruder, Robin McWilliam, Juliann Woods and Camille Catlette presented the most current research and practice information on providing services to families through family centered approaches. Over thirty of the states' local directors of special education were in attendance for the opening plenary, delivered jointly by Dr. Bruder and Dr. McWillam. The opportunity to participate as local community teams was actively supported by the state interagency group.

- Finance Committee of the Colorado Interagency Coordinating Council
  Continued population growth in Colorado and assuring adequate funding for early intervention has been a focus of the Finance Committee of the CICC. This past year, the committee worked to address issues that arose due to a conflict with the IDEA provision for providing supports and services in natural environments and a state Medicaid rule which requires a physician to be "on site" if physical or occupational therapy services were delivered and billed through Medicaid. MOU members and others worked with the Department of Health Care Policy and Financing resulting in a change in the physician on-site rule effective December 2001. The group began work on recommending strategies for using the Part C funding hierarchy within local communities.

- Monitoring
  A new priority for the MOU Committee is to identify ways to involve their agency's representatives in the Part C monitoring process though participation in on-site visits, review of monitoring reports and local improvement plans, and review of data.

INNOVATIVE SERVICE DELIVERY MODELS

For the past 7 years, the Department of Education's Early Childhood Initiatives (Part C and Part B/619 included) in conjunction with the Division of Child Care in the Department of Human Services, has funded a statewide network of Learning Clusters in local communities. These Learning Clusters are charged with bringing together local groups and individuals to address the learning needs of the Early Childhood community. This past year, more than 300 infant/toddler care and education providers received training to further their understanding and skills in working with young children and their families. Trainings covered topics such as parent leadership, providing services to very young children in their daily routines and activities, mental health, nutrition, safety and physical health as well as disability specific issues. Currently, there are 33 active Learning Clusters in local communities providing a wide variety of training and support to the Early Childhood community.

The lead agency funded three communities to receive the ENRICH model training for local interdisciplinary teams in 1999-2000. The project model is family centered home and community based early intervention services and supports. Interagency/interdisciplinary teams from Weld, Larimer and Jefferson Counties participated. Each county early intervention system has continued this initiative by supporting professional development and system change activities. One community team has been funded to document the efforts and the resulting technical assistance paper will be shared statewide in 2002.

Individual community Part C initiatives, through their community capacity continuation grants, also contract with ENRICH staff to provide training/services to individual families and the interventionists working with them.

SOURCES OF FUNDING AND OTHER SUPPORT

The lead agency in Colorado, the Department of Education, receives the Federal Part C grant, $5,500,179 for Year XIV, the Department of Human Services, Children's Health and Rehabilitation Services (CHRS), receives state early intervention allocations of $6,831,353. CHRS also administers the state family support program for families with children with developmental delays; this is not tracked specifically for children 0-3. The Department of Public Health and Environment contributes resources for children 0-3 through the Health Care Program for Children with Special Needs (covers 0-21); these are not tracked specifically for the 0-3 age group. The Department of Health Care Policy and Financing administers the state Medicaid funds which families in the state access if they qualify for the program; these resources are not tracked for children 0-3 specifically for Part C. Parents can utilize their private insurance. Additionally community resources are also contributed but are not tracked at the state level.

ANALYSIS OF DISPUTES

One complaint was filed in 2000-01. The complaint was received in March of 2001 and investigated by the lead agency. It involved initial evaluation and eligibility determination and IFSP development. The investigation also involved Part B/619 staff at the Department of Education. The staff from the Department of Education worked with the family, the local Part C system, the local Early Head Start program and the local school district Child Find office involved in the complaint. The complaint investigation led to clarification of the process for determining eligibility at the local level and in documenting evaluation findings on the IFSP. The resolution between all parties was reached in April 2001.

ANALYSIS OF CHILDREN REFERRED

The Child Identification process in Colorado is a collaborative and combined effort in the local communities. The Child Find offices in local school districts are involved in the identification of many children eligible for Part C. Hospital based and private therapists are also involved in many community child identification efforts. The referrals of children and families made to Part C interagency groups come from a wide variety of places and people in the community. Approximately 28% of the referrals made came from hospitals, 11% were made from Child Find offices, 15% from parents/family members themselves, 7% came from the primary care provider, 10% came from Public

Health/HCP, and 6% came from service providers including therapists. The other referral sources, 14%, were social services, community providers, home visitors and the state early intervention providers in the Community Centered Board system.

BARRIERS, CHALLENGES, FUTURE STEPS/ACTIONS RELATED TO INTERAGENCY COORDINATION

In Colorado, service coordination and service delivery are an interagency effort both at the state and local level and continue to challenge the MOU group and local interagency groups implementing Part C.

ISSUES IDENTIFIED THROUGH STATE MONITORING

The early intervention system in Colorado participated in the federal Office of Special Education Programs (OSEP) continuous improvement monitoring process during 1999-2000. The following are the six strategic goals developed in response to the monitoring findings. The state submitted the plan for continuous improvement in October 2001 and will be addressing these goals pending approval by OSEP.

General Supervision

- Goal # 1: CDE's monitoring of Colorado's Part C system is effective in correcting deficiencies in all programs and activities used to implement Part C in Colorado regardless of whether the program or activity receives Part C funds.

Public Awareness and Child Find

- Goal # 2: Colorado's public awareness and Child Find systems are effectively identifying, locating and evaluating all infants and toddlers who may be eligible for Part C as early as possible.
- Goal # 3: Infants and toddlers receive a multi-disciplinary evaluation and assessment in all five required developmental areas conducted by qualified personnel and the development of an IFSP in a timely manner as defined by federal regulations.

Service Coordination

- Goal # 4: Each eligible infant/toddler and his/her family has one identified service coordinator who implements all service coordination responsibilities.

Individual Family Service Plans

- Goal #5 Services needed by the infant/toddler and his/her family are identified on the IFSP. Each infant and toddler eligible for Part C services is provided all services identified as needed on the IFSP.

Transition

- Goal #6 Each child exiting Part C experiences a smooth and timely transition to Part B, if eligible, as defined in the federal regulations.

State monitoring of 6 local interagency early intervention systems revealed findings in the following areas under Part C regulations 34CFR303 and state regulations Vol.2CCR503-1:

- "Once the public agency receives a referral, it shall appoint a service coordinator as soon as possible." Service coordination is not routinely provided during evaluation.

- "Within 45 days after it receives a referral, the public agency shall-- Complete the evaluation and assessment activities in federal regulations; and Hold an IFSP meeting, in accordance with federal regulations." Evaluation and assessment are not completed and IFSP meetings held within the 45 day timeline.

- "The plan must -- be based on the evaluation and assessment described in federal regulations; and include the matters specified in federal regulations." Evaluation results are not routinely included nor outcomes based upon those results when IFSPs are developed.

- "Participants in IFSP meetings and periodic reviews." Required and appropriate individuals are not participants in all IFSP meetings and periodic reviews and/or are not listed upon the IFSP as participants.

- "To the maximum extent appropriate to the needs of the child, early intervention services must be provided in natural environments, including the home and community settings in which children without disabilities participate." Individual child and family routines and activities are not the setting for early intervention services.

All state monitored communities have developed and implemented a Continuous Improvement Plan for Compliance with Part C of IDEA and state regulations Vol.2CCR503-1.

ACCOMPLISHMENTS

The major priorities of Part C implementation in Colorado by the lead agency for 2000-2001 were:

- Completing the state's continuous improvement monitoring plan for Part C;
- Improved service coordination;
- Developing a state approved interagency IFSP form;
- Addressing the IDEA provision for supports and services in natural environments;
- Addressing systemic needs in public awareness, screening, evaluation and assessment;
- Improving multi-disciplinary assessment practices;
- Increasing the use of data for program evaluation and planning and improving data reporting;
- Increased enforcement as follow-up to monitoring activities.

Additional priorities addressed were:

- Providing the next level of support for local Part C initiatives (i.e. facilitating the early identification and smooth transition of children from the NICU to their home community; facilitating methods to increase supports/services in natural environments, facilitating more collaborative work with other agencies; continued parent participation and leadership support; providing information on procedural safeguards);
- Implementing the revised state monitoring process of local early intervention systems.

The major accomplishments of 2000-2001 were:

- Completed the state's continuous improvement monitoring plan for Part C along with Part B and submitted to Office of Special Education Programs October 1, 2001;
- State MOU committee approved state interagency IFSP, December 2000;
- Provided service coordination core training in 14 locations across the state;

- Developed video and training manual to provide information/training on providing supports and services in natural environments; disseminated 700 copies statewide;
- Held 10th Annual Early Childhood Fall Institute for over 500 participants;
- Provided year-long in-depth leadership training for four parents, provided an orientation to parent leadership for 30 parents, provided "coaching" to active parent leaders on the ICC and in local initiatives, provided a week-end Parents Encouraging Parent conference for 40 parents, developed a parent leadership strategic plan through a two-day planning retreat with 20 parent leaders and supported parent networking through a statewide Parent to Parent listserv;
- Parents continued in leadership roles throughout the state in local Part C efforts;
- The revised process for supervision and monitoring of early intervention services for infants and toddlers with disabilities in Colorado was conducted in 6 Part C local systems;
- Two staff, one with a parent's perspective and one with a nurse's perspective, were hired as NICU liaisons;
- The Public Awareness initiative completed the following efforts:
    - 134 individuals received state or local training to do outreach to hospitals, physicians, and other medical personnel.
    - Local Early Childhood Connections offices conducted 111 presentations across the state to hospital, health and medical personnel. 1,313 individuals working in health and medical settings attended the presentations about Part C.
    - Over 145,000 individual items (brochures, videos, booklets, etc.) were distributed across the state (see attachment).
    - An Access database was developed to track public awareness orders, quantity of items distributed, current inventory, and how materials are being used at the local level.
- The Part C lead agency contracted with the state's Protection and Advocacy program to continue training potential surrogate parents;
- Completed the second year of the autism pilot project focusing on: public awareness targeting doctors and other key referral sources; training service coordinators; began the in-home component of the LEAP replication model for direct service; and emphasized transition planning to Part B services;
- The Colorado Interagency Coordinating Council 2000/2001 work groups addressed:

- Service Coordination by gathering feedback from those who took the Service Coordination Core Training delivered by CDE and advising CDE on next steps;
- Finance by recommending the Colorado Funding Hierarchy as a guide to a process of accessing resources;
- Mental Health by participating in the "For the Love of Children" conference, presenting an information session at the CICC March meeting, and hosting a mental health teleconference downlink site. State advocacy planning sub-committees were developed within the Early Childhood Mental Health State Planning group and members participated in the group; and
- Communication by advising CDE on the creation of the Early Childhood Connections website.

USE OF PART C FUNDS

There were no significant departures from the budget submitted with the Year XIV application. Expenditures were as follows:

System Change Functions Community Capacity Building Grants Rural Response Contract	$4,214,801
Support Functions Child Identification Public Awareness Family Leadership and Support CSPD Evaluation and Monitoring Data and Finance	$663,300
Program Administration Salaries/Expenses CICC Expenses Staff Travel Committee Expenses Operations	$622,078
TOTAL GRANT AMOUNT	$5,500,179

ONGOING SYSTEMIC CHALLENGES

The major ongoing systemic challenges seen at the local level in Colorado are: ensuring interagency cooperation and accountability; providing quality service coordination; and providing services in children and families' daily lives and activities. At the state level, the major ongoing systemic challenges are: addressing compliance and monitoring issues across systems, including across Parts C and B within the Department of Education; addressing training needs to assure children and families receive services in their daily lives; addressing the process of transition from Part C to Part B; improving the quality of child identification, IFSP development and service coordination statewide; and maintaining leadership within Part C, at the CICC level, the local Part C Board and staff levels; and within the general community supporting families of young children eligible for Part C.

An increasing challenge in Colorado is the level of resources available to meet the increasing needs of children and families. With expanding efforts in public awareness and child identification the existing state resources are needed to serve more and more children. There is a shortage in qualified personnel for both assessment and intervention services, in urban as well as rural areas.

An additional challenge is to ensure that higher education is emphasizing the most current knowledge of quality early intervention practices, particularly in the child and family's natural environment. Personnel from many disciplines are entering the field without a strong understanding of Part C requirements and preferred practices. There is an on-going need for training and re-training personnel.

DESCRIPTION OF COLORADO'S CREDENTIALING SYSTEM

There has been no change in the state's credentialing system during the period of this report.

Category of qualified personnel	Highest Standards	Regulatory Agency
(a) Audiologists	Masters Degree with national certification (Certificate of Clinical Competence/CCC), or equivalency or has comparable training and experience	American Speech-Language- Hearing Association (ASHA)
(b) Family Therapists	Masters in closely-related discipline plus internship or AAMFT clinical membership and State licensure examination	Colorado Dept. of Regulatory Agencies, State Board of Marriage and Family Therapists Examiners
(c) Nurses	Bachelors degree, State Registered Nurse licensure exam.	Colorado State Board of Nursing
(d) Registered Dietitian	Bachelor of Science Degree	American Dietetic Association
(e) Occupational Therapists	Bachelors degree and national certification, or equivalency or has comparable training and experience	American Occupational Therapy Association
(f) Orientation and mobility specialists	Masters degree in peripatology	State Dept. of Education; Association for Education and Rehabilitation of Blind and Visually Impaired
(g) Physical Therapists	Bachelors degree plus state licensure	Colorado State Board of Physical Therapists

(h) Pediatricians and other physicians	Medical Doctorate Flex or National boards or state examination. 1 year post-graduate training	Colorado State Medical Board
(i) Psychologists	Doctorate of psychology and state license or masters degree and school psychologist certification	Colorado State Board of Psychologist Examiners Dept. of Education
(j) Social Workers	Masters degree and state licensure	Colorado State Board of Social Work Examiners
(k) Special Educators: • Early Childhood Teacher, birth - 8	Bachelors degree and state licensure as an early childhood specialist, or equivalent licensure in another state	Colorado Department of Education
• Special Education Teacher IV Early Childhood, birth - 5	Masters and ECSE endorsement (graduate-level work) with teacher licensure, or equivalent licensure in another state	Colorado Dept. of Education
• Special Education Teacher II Severe Needs, Vision, birth - 21	Bachelors degree and endorsement (graduate-level work) with teacher licensure, or equivalent licensure in another state	Colorado Dept. of Education
• Special Education Teacher II Severe Needs, Type Hearing, birth - 21	Bachelors degree and endorsement (graduate-level work) with teacher licensure, or equivalent licensure in another state	Colorado Dept. of Education

• Special Education Teacher III Profound Needs, birth - 21	Bachelors degree and endorsement with teacher licensure, or equivalent licensure in another state	Colorado Dept. of Education
(1) Speech/Language Pathologists	Masters degree with national certification (Certificate of Clinical Competence/CCC), or equivalency or comparable training and experience	American Speech-Language-Hearing Association (ASHA)

ATTACHMENTS

1. Brochure from the 10th Annual Early Childhood Institute
2. Early Childhood Activities Calendar/Website
3. Videotape/Trainers Manual: Just Being Kids
4. Information Brief: Natural Environments…everyday routines, activities and places where all children develop and learn
5. Information Brief: A Framework for Funding
6. Fast Facts: Referral Timelines for Child Identification Birth to 21 Years
7. Parent Leadership Opportunities in Colorado
8. Public Awareness Materials distribution list
9. Physician Outreach efforts

These attachments are available by contacting Melissa Garner at the Colorado Department of Education at 303-866-6710 or Garner_M@cde.state.co.us

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